

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES
SUPPLEMENTAL APPLICATION EXAMINATION FOR SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Senior Psychiatric Technician (Safety) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

****In order to expedite the hiring process phone numbers are required****

Home/Cellular Phone Number: _____

Work Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Office of Selection Services
P. O. Box 942883
Sacramento, CA 94283-0001

**SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

Possession of a valid license to practice as a Psychiatric Technician issued by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

and

One year of experience performing the duties of a Psychiatric Technician (Safety) or Psychiatric Technician in a California state hospital or development center.

1. Do you possess a valid license to practice as a Psychiatric Technician issued by the Board of Vocational Nursing and Psychiatric Technician Examiners?

☐ **YES - Indicate License Number:** _____ **Expiration Date:** _____

☐ **NO (If you answer "No," your application will not be accepted for this examination)**

**SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)
SUPPLEMENTAL APPLICATION**

Name: _____

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to provide emergency care to inmates and youthful offenders (e.g., CPR, first aid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to work with inmates/youthful offenders who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to work rotating shifts (e.g., day shift, swing shift, weekends, and night shift) and overtime to provide coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREES AND CERTIFICATIONS

Please indicate if you have any of the following degrees or certifications.

12. Associate of Arts/Bachelor of Arts in Psychology or Sociology	<input type="checkbox"/>
13. Substance abuse accreditation	<input type="checkbox"/>
14. PART (Professional Assault Response Training) certification related to aggressive or hostile patients	<input type="checkbox"/>

LEADERSHIP AND TRAINING

Please indicate if you have any experience in a leadership or training role in the following.

15. Experience running patient groups	<input type="checkbox"/>
16. Team leader/shift lead experience in a formal and/or informal group setting	<input type="checkbox"/>
17. Trained employees/staff in a mental health setting.	<input type="checkbox"/>

**SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)
SUPPLEMENTAL APPLICATION**

Name: _____

EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Performed task within the Last 24 months		Daily	Weekly	Monthly		
Note to Applicant: Please read carefully. Under "Work Experience," for items #18-32, indicate: Frequency: <ul style="list-style-type: none"> If you have performed this task within the last 24 months; <u>and</u> How often you perform this task (e.g. select one box from "daily" "weekly" and "monthly" column) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) 							
18. Ensure that all safety and security procedures are followed.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Observe forensic client, patient, or inmate's behavior that may injure people, and damage property.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Verbally intervene with forensic client, patient or inmate who are exhibiting serious behaviors that may injure people and damage property	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Observe forensic client, patient or inmate physical condition and behavior and report significant changes to a unit supervisor or physician and record nursing notes in the forensic clients', patients' or inmates' record.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Note (review) physician's orders to ensure the clarity of the order and compliance with general nursing protocols.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Notify the physician of all patient serious behavior.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Provide prescribed medications to clients, patients or inmates.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Assist in developing group interventions for patients, clients or inmates.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Supervise individual and/or group interventions for patients, clients or inmates.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Assist rehabilitation therapists in occupational, recreational, vocational and educational therapy programs for clients, patients or inmates.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Motivate clients, patients, or inmates to develop self-reliance in daily living activities.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Participate as a member of a multidisciplinary team to provide an overall treatment program for the forensic client, patient or inmate.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Refer patients for involuntary hospitalization or medication.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Intervene in crisis/suicide attempts.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Conduct behavior modification programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)
SUPPLEMENTAL APPLICATION**

Name: _____

EXPERIENCE, CONTINUED	FREQUENCY				LEVEL OF SKILL		
	Performed task within the Last 24 months		Daily	Weekly	Monthly		
Note to Applicant: Please read carefully. Under "Work Experience," for items #33-48, indicate: Frequency: <ul style="list-style-type: none"> If you have performed this task within the last 24 months; <u>and</u> How often you perform this task (e.g. select one box from "daily" "weekly" and "monthly" column) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) 							
33. Monitor medication.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Screen patients for psychiatric and/or medical problems.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35. Manage situations with hostile clients, patients or inmates.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36. Work with clients, patients or inmates with mental illnesses such as bipolar disorder, schizophrenia or personality disorders.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37. Work with hostile or aggressive patients such as those who are physically violent or verbally abusive.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38. Work with patients in emergency medical situations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. Search activity rooms for drugs, contraband, and weapons.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40. Monitor facility areas (i.e. Psychiatric Services Unit, Enhanced Out Patient, Treatment Center, Mental Health Building, Administrative Segregation Unit, etc.) to identify security breaches and contraband.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Observe patient/inmate behavior that may lead to injury, damage property, or signal impending escape attempts.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42. Work with other disciplines (Psychiatrist, Psychologist, Registered Nurses, Medical Technical Assistants, Social Workers, Custody staff, etc.) as part of the treatment team.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43. Perform nursing procedures such as administering medications, treatments, and medical procedures, including oral medications, hypodermic injections/vital signs, transcribing of physicians orders (i.e. written, verbal, telephone order, etc.) and document as appropriate	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Administer first aid (i.e. Cardio Pulmonary Resuscitation, wound management, etc.) as needed to inmates/patients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45. Maintain a clean and safe, workplace.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Participate in on/off-the-unit groups and individual program activities for patients/inmates.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
47. Document inmate/patient records. (i.e. patient charts, nursing logs, etc.)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
48. Train or assist in the training of Psychiatric Technicians, Psychiatric Technicians trainees and/or other ancillary staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time** ☐ **(R) Permanent Part-Time** ☐ **(K) Limited-Term Full-Time** ☐ **(A) Any**

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

☐ **7238 UPPER NORTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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☐ **7231 NORTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Conservation Camp Facility Jamestown, Tuolumne County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County	
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	

YOUTH FACILITIES:

<input type="checkbox"/> 3902 DeWitt Nelson YCF Stockton, San Joaquin County
<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County
<input type="checkbox"/> 0307 Preston YCF Ione, Amador Count

☐ **7232 CENTRAL REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County

YOUTH FACILITIES:

<input type="checkbox"/> 4003 El Paso de Robles YCF Paso Robles, San Luis Obispo County
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☐ **7233 SOUTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County

YOUTH FACILITIES:

<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

Senior Psychiatric Technician (Safety) Supp App

**SENIOR PSYCHIATRIC TECHNICIAN (SAFETY)
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE”

**The below questions are not part of the examination but are for the hiring authority's information.*

HOW DID YOU HEAR ABOUT THE SENIOR PSYCHIATRIC TECHNICIAN (SAFETY) EXAMINATION?

1. Check the box that best describes how you found out about the SENIOR PSYCHIATRIC TECHNICIAN (SAFETY) Examination?

	College Recruitment
	CDCR Employee/Relative
	CDCR Website
	CDCR Website
	Job Fair/Career Event (California)
	Job Fair/Career Event (Out-side California)
	Advertisement in Magazine/Journal
	Mailer
	Newspaper
	Internet Search (Career Builder, Google, AOL, etc)
	State Personnel Board (SPB)

2. Check the box that best describes the reason for selecting CDCR as your place of employment:

	Competitive Salary
	Benefits
	Retirement
	Career Challenge
	Gain Experience in a Correctional Setting
	Flexible Shifts
	Opportunity
	All of the above